

Name: _____ SS #: _____
Last First MI

Agency: _____ Classification: _____

Work Location: _____ **Work Phone:** _____

E-Mail Address:

Non-State Agency/Organization:

Contact: _____ **Phone #:** _____

Address: _____ **City/Zip:** _____

[illegible]

Once any course costing \$99.00 or less is confirmed, the participant's agency will be billed for the full amount of training unless cancellations are received by PDS at least five (5) working days prior to the class date. For courses that cost \$100.00 or more, agencies will be billed for ANY cancellations after confirmation. Departments may substitute confirmed course participants when necessary. To cancel, call (515) 281-5456. (See page 2 for other cancellation information.)

The following signatures indicate approval of the course(s) requested above and understanding of PDS' cancellation policy.

Employee Name

Employee Signature

Date

Supervisor Name
Supervisor Signature
Date

Training Liaison Name (State Employee Only) *Training Liaison Signature* *Date*

Accommodation Request

Please indicate if you have any special needs that we can address to make your participation more enjoyable. Please provide 8 weeks notification.

☐ Braille ☐ Sign Language Interpretation ☐ Large Print ☐ Other

Please return the completed form to:

State Employees: Your agency's Training Liaison

Non-State Employees: Leslie Davenport, PDS Training, DAS-HRE, 400 E 14th Street, Des Moines, IA 50319-0150

Phone: 515-281-5456 Fax: 515-242-5152